

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. II.

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No. 11.

## A NEW ROLE FOR DOCTORS.

A considerable stir has been made lately among the profession in Boston by the testimony of a doctor before a coroner's jury. A physician of the highest respectability was about to perform an operation upon a young school teacher for the relief of dysmenorrhea. She was at a private hospital of most excellent reputation, and proper assistants were at hand. An anæsthetic was given—ether, of course, in Boston; but before the cutting was fairly commenced the girl was dead. A coroner's inquest followed, and strangely enough the jury sought to determine whether or not the accident happened during an operation to produce abortion! The post-mortem examination of the body was intrusted to a physician evidently of skill, and (we can but think) of somewhat too much learning. He testified to having found Bright's disease, some pleuritic trouble, etc., and added further that he had discovered a true *corpus luteum* in the ovary, giving it as his opinion that the woman had been pregnant. The coroner's jury dropped the absurd idea of abortion, declared the operation a "simple one," found that the ether was administered carelessly, of course, as a proper Boston jury should do. The question has very naturally arisen, why was the *corpus luteum* dragged into the testimony? It seems pretty hard that a brother physician's standing is to be jeopardized by a piece of refined physiology, to say nothing of the cruel stab to the dead girl's reputation. Abortion was the question the expert was to determine. Very simple dissection would have discovered that, and, as we have seen, the jury rejected the foolish charge.

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The doctor who conducted the examination is not at all convinced by the current of professional opinion which set against him that he had exceeded his duty in the matter, and in a letter to the Boston Journal of Medicine surveys the matter very calmly, and speaks of his fealty to the commonwealth, etc. No one who reads it can doubt for a moment the honesty of his convictions, but there are few, we believe, who will not think that he has sadly misapprehended his duties as a member of the medical profession and as a citizen. Such is a brief outline of the "Fisher case," which has excited much comment in New England. It is a small affair by the side of one which happened lately in Louisville. For some years past a man who calls himself "Dr. J. S. Williams," the proprietor of what is published as "Galen's Head Dispensary," devoted to the cure of venereal diseases, seminal weakness, etc., has been suspected of driving a flourishing trade in the abortion line. His method seems to have been to introduce the uterine sound, and leave the consequences to be attended by such physicians as might be called in for the emergency. Although the city of Louisville employs a proper detective force, he has, until his late mishap, always escaped the law. Last week, however, he was entrapped in a most novel manner. We abstract an account of it from the Courier-Journal newspaper of September 1st. The paper sets the matter forth in a most naive manner, and apparently gives a "correct and revised edition" of the affair. As we simply wish to point a moral, we omit the name of the professional party who was the chief actor in the matter. The paper speaks of him as "a rising young physician."



He visits a sick woman who is suspected of having had her "womb tampered with."

He began to question her in a rather kindly and persuasive manner. She finally admitted that an abortion had been produced, but contended that the child was not over three months old.

"Madam," said the doctor, after an examination, "you must remember that you are speaking to your physician; that child is more than six months old."

"Now," said he, further, "you must tell me the name of the physician who attended you, or I can not wait upon you. I do not want to be arrested by the officers of the law for committing abortion."

The woman pleaded that she could not tell the name of the doctor.

"Well," replied he, "I must leave you then."

He finally impressed upon her mind the danger there might be to him, and she, being persuaded, reluctantly told him that Dr. J. S. Williams had produced the abortion at her request. Having wrung this much from her, he remained with her for a long time during Tuesday night.

#### THE CHILD DELIVERED.

On Wednesday morning word was sent for the doctor to come at once to the room of Mrs. ——. He went there and found the fetus delivered, lying between the thighs of the sick woman. He picked it up and at once perceived a probe on the top of the head made by some instrument. He readily perceived from the development of the child that it was between six and seven months old, and there was every evidence to his mind that it had been living within the forty-eight hours previous. Intending to take the remains with him, he informed Mrs. ——— to that effect. She insisted that he should leave it with her.

"I would like to experiment a little with it," said he. "I am in the habit of doing this, and for the privilege will reduce my bill."

He did this to evade any suspicion of his real purpose in the matter. While they were discussing the question the woman's former husband, from whom she is at present divorced, and whom she claims to be the father of the child, came and also insisted that he should allow the fetus to remain there, but the doctor already had it bundled up, and, giving him to understand that he meant business, carried it away to his office, where it was placed in alcohol. He thought that the matter was of such importance as to cause investigation and the arrest of the abortionist. But it was necessary that the woman should make a full confession to an officer of the law before this could be effected. She had begged the young doctor not to reveal her secret to any one. They gave Coroner Moore a hint of the affair, and he, seeing the fetus, was determined on an exposure of the rascality. A

plan was arranged and carried out early yesterday morning.

#### A FULL CONFESSION.

Yesterday morning the doctor, accompanied by the coroner, paid a visit to his patient. The coroner, however, remained on the steps outside while the doctor entered. The woman again acknowledged to him the deed done, and said that it had occurred Tuesday morning. After some conversation he walked out of the room, telling her he should return soon again to see her. Remaining out just long enough not to create suspicion, he returned with the coroner pinned to him. "Madam," said he, "this is an officer of the law. I was stopped just now, leaving here, and arrested on the charge of committing abortion. You must tell him the truth, in order to release me." For a moment the woman was startled and confused; but the *ruse* proved successful, and she related her story to the coroner.

She said her maiden name was —, and that she had married —, and had been divorced from him a little over a year, but that he had been taking care of her for some time past, and intimated that he was the father of the child. She did not care about raising children, she said, and that was her reason for going to Dr. Williams. The child, she supposed, was not over three months old, and she urged that as a palliation for her criminal conduct. Tuesday a week ago she went to Dr. Williams, at his office, No. 99½ east side Fourth Street, near Market, intending to have a miscarriage produced. He offered then to perform an abortion upon her for the sum of \$25, part paid in advance, and the remainder in the future. He wanted to do it at once, but she hesitated, and finally told him she would call again. Tuesday morning she returned, paid him \$5 in advance, and he undertook the job as he had guaranteed, in a few minutes, without pain, by introducing an instrument into the womb. Tuesday evening, feeling the necessity of a physician, she sent for Dr. —, but he not being found sent for Dr. —, with the results known. She related the facts in a manner which seemed to leave no doubt upon the minds of her listeners of the truthfulness of her statement. She said she was willing to repeat her statement under oath, and would adhere to what she had said. Coroner Moore considered there was sufficient evidence to procure the arrest of Dr. Williams, not only on the charge of committing abortion, but also for murder.

The result of the post-mortem examination is as follows: The fetus was evidently six and a half or seven months old; was perfect, except the nails, which were not entirely formed. The wound which caused its death penetrated the head at the anterior fontanel, that diamond-shaped soft spot which is noticed in infants for some months, and was evidently made with a pointed (uterine) sound which passed



into the brain, some of which matter exuded on the slightest pressure through the wound. The death was evidently in utero. The lung tissue when placed in water sank to the bottom, showing that no air had entered the air cells. That death had occurred only a few hours before the delivery was very evident, as fluid blood filled all the blood vessels.

The paper remarks that "this case is peculiar in one aspect, probably a similar one is not known in Kentucky." To which we agree. The "young physician" can not grow much older without finding out that "somebody has blundered" in this matter. However desirable it may be to put down crime, it is no part of the physician's duty to reveal the communications which take place between him and his patient. Once the confidential relation which exists between these two parties is destroyed, half the usefulness of the physician is gone.

#### KNOW THYSELF.

We copied in a late number of the *News* the editorial comments of Colman's *Rural World* upon the Kentucky-Louisville combination and the beneficiary system thereof. It will be remembered that the article in question contained a keen analysis of the announcements of the two (!) redoubtable institutions, and abounded in extracts from them. Probably it is to these to which reference is made in the following first-class notice which appeared in the *Phenomenon's* organ last week. The *American Medical Weekly* says:

"Coleman's *Rural World*, edited by Norman J. Coleman, of St. Louis, Mo., publishes in its last issue of August 16, 1876, two columns of scurrilous, scandalous, and untruthful stuff about medical education in Kentucky. Mr. Coleman is lieutenant-governor of Missouri, and this fact only renders the falsehoods issued more inexcusable. The article has been republished by parties who knew it to be false, and have made it a part of the many falsehoods to which they have given a willing and active currency."

In connection with the above, how will the following from the *Virginia Medical Monthly* of September be received? Is it not dawning upon somebody's imagination

yet that the decided opinion which exists in the professional mind from Maine to Texas in regard to the Louisville Diploma Mill will have to be met by something more convincing than flat denials and bad names? Is there still any doubt about the concern being thrown off the *ad eundem* list if it continues its fearful practices?

Henry T. Bahnsen, M. D., writing to the *Virginia Medical Monthly*, says:

"It is not my purpose to state the requirements of medical education. None are more fully aware of their magnitude than these so-called professors, whose consciences ought to smite them for the desolation and death their emissaries have spread abroad. Their pockets, gorged with the price of blood, will not buy absolution or enable them to pass successfully the great final examination for a degree.

"Among the most shameless exhibits of medical education (so called), one is furnished by the double-barreled engine of destruction composed of the Louisville Medical College and the Kentucky School of Medicine. The first name is used in winter, the second in spring, to enable students, it is said, to have the advantage of continuous study for eight months, besides the reputation of having attended lectures at two colleges. The faculty is the same in both concerns, and apparently (!!) the lectures are delivered in the same building. One hundred and sixty-four students appear on the list of the Kentucky School of Medicine for 1876, of whom ninety-one graduated. Of these, fifty claim the winter branch of the concern as preceptor, eleven had evidently not attended lectures before, two had not even matriculated, and only twenty-eight claim to have received instruction in other medical schools. In the face of these figures we are actually requested to believe in the respectability of the institution! In anticipation of unfavorable criticism, the newspaper and medical press has been subsidized to extol the attainments of the class. Our confidence in the resources of Kentucky is unbounded: she has the biggest cave and the most pretentious medical journal in the country. We admit these things, for our eyes have seen them; but even then it is hard to believe that medical knowledge is indigenous."

**GERMAN AMBER.**—The extent of the amber fields in Germany may be seen from the fact that 22 dredges, 2 tug-boats, 100 barges, and 1,000 laborers are engaged in the industry. The area of the amber field is extensive, and the government derives from it a yearly rent of 72,000 thalers.



**Original.****CLINICAL LECTURES.****SURGICAL CLINIC OF THE UNIVERSITY OF LOUISVILLE.**

BY DAVID W. YANDELL, M. D.,

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[Phonographically reported.]

INCISED WOUND OF THE LITTLE FINGER FOLLOWED BY GREAT SWELLING OF THE HAND. INJURY OF KNUCKLE FOLLOWED BY PERIOSTITIS OF METACARPAL BONE.

*Gentlemen*,—This man with the small cut across his finger refers his trouble to an erysipelas which he had a year ago. You will find that most sick adults have their own theories about their diseases, generally fanciful, and always more or less tiresome to listen to. In this respect children and deaf-and-dumb people are more pleasant to practice among. The man is not, however, wholly wrong in accounting for his present trouble, as the same causes which led to the erysipelatos attack—a year since—have doubtless something to do with the present complications of his wound. Under ordinary circumstances a cut so slight would have healed without difficulty, and the trivial blow which the second patient got on his knuckle would have resulted in less distressing consequences. In one case you see the edges of the wound angry and red, and the hand greatly swollen from the tips of the fingers to the wrist; in the other an inflammation has developed which has not only destroyed the skin and cellular tissue, but shows by the openings you will observe on the surface that the bone beneath is involved.

The popular expression for the trouble which underlies these difficulties is that "the blood is out of order;" and no doubt this fluid is deficient in some of its elements or faulty in the method of their combination, though we can not, it is true, always determine this by chemical or microscopic examination. We judge in such cases more by effects. Sometimes, as Prof. Holland will demonstrate to you, we are able in certain diseases, as in the graver syphilitic lesions,

for instance, to detect by the aid of the microscope most important changes in the constitution of the circulating fluid. But a more important fact than the composition of the blood for you to know just at this time is this, that the blood-making organs, in the two cases before us, are not doing their duty, are not providing blood of the proper quality. Both men present much the same appearance and tell pretty much the same story—pale faces, large flabby tongues, weak pulses, and (what is a very significant symptom) irregularity of the bowels—sometimes costive, sometimes loose. The relation which this latter state bears to the condition of the blood is very direct. After any great hemorrhage—often notably in that which occurs after parturition—costiveness is a natural result; and an intestinal flux is never more dangerous than under these circumstances. At the same time proper evacuations are necessary to maintain the quality of the blood. In this alternate "fast and loose" condition in these patients we see the effort of nature to restore the balance which has been lost. In a therapeutic way what we have chiefly to do, then, is to improve their digestion. One of them has a good appetite; the other does not care for food. But good appetite and good digestion are not always convertible terms. A man may really waste away while consuming much food; while another will hold his own with comparatively little. You will hear all this matter explained elaborately to you by Prof. Palmer, who will tell you how the food is prepared in the mouth and stomach and duodenum for its final assimilation, and how a fault in either of these organs will interfere with the process; how in the old and young imperfect digestion may arise from insufficient mastication, or deficient salivary secretion; how the stomach may be too crowded for the proper action of the gastric juice, and that nature may strive to relieve it by vomiting or diarrhea; how from some individual peculiarity certain elements of the food can not be digested, as the fat, for instance, by consumptives. I can only hint



at these facts in passing; and yet you will find even in this clinic, where you see nothing but surgical diseases, that you will have daily need of your Physiology.

Both of these men will have the dispensary tonics—iron, quinine, pepsin, and strychnine—and simple water-dressing for their hands. If the periosteal trouble in the one does not yield to these measures, an operation on the bone may become necessary.

#### GRANULAR LIDS.

This woman comes to us for a trouble with her eyes. The first thing which will strike you is the hazy appearance of the cornea, and the injection of the vessels both on and around it. These are all secondary troubles, however, arising from the state of the lids. Everting the upper lid you will remark its unnaturally red appearance, and observe it studded with what appear to be granulations, but what are in reality enlarged papillæ of the palpebral conjunctiva. The lid roughened by these, and its lining membrane thickened, fits more tightly than it should do over the ball of the eye. In all its own movements, as well as those of the globe itself, it acts as a rasp to the surface of the eye. This irritation leads to congestion of the ocular conjunctiva. Its vessels presently enlarge. Those which before were too small to carry any thing but plasma become dilated and admit the red corpuscles; hence the deepened color. The plastic element of the blood, too, is thrown out, and shows its presence on the cornea in this hazed appearance. And even more serious results than these may occur. The action of the afferent vessels of the cornea may be so interfered with by dilation and pressure that the life of this structure may be endangered, and ulcers and sloughing ensue.

Granular lids, or trachoma, which are the names by which this appearance is known, is an affection easy to detect, and the sundry troubles to which it gives rise easily explained.

We claim to have had very marked success in treating granular lids in this dispensary. For the last twenty-five years we have fol-

lowed pretty much the same plan, which is this: In the first place we have dealt with trachoma as essentially a disease of debility, no matter how contrary general appearances might seem in occasional cases, consequently *tonics* have been our chief reliance. Iron and quinine have been our principal drugs, with an occasional purgative when necessary. Now, add to these food, fresh air, and cleanliness—as much of these all-important factors as we could command for the class of patients who visit us. The local measures have been when the lids presented an unusually red appearance, and the granulations were thick and decided, free scarifications, the bleeding being promoted afterward by hot water, this to be followed by the application of a smooth crystal of sulphate of copper, drawn across the everted lids, and this to be done two or three times a week. The application causes more or less pain, which is best relieved by free bathing in *hot* (not warm) water. In milder cases the scarification is omitted. For the gluing of the lids, which accompanies the palpebral trouble, we direct an ointment of red precipitate and cod-liver oil, a minute portion of which is rubbed at night on the margins of the lids. Several times daily the patient is directed to bathe the eyes freely in water made salt by the addition of a tablespoonful of salt to a quart of water. I am quite confident that under this simple treatment our success here will compare favorably with that in other similar institutions. A most important operation, known as canthoplasty, was introduced not many years back for the relief of trachoma. It consists in slitting up the outer edge of the palpebral fissure so as to take off the pressure of the lids from the globe. I will refer to it more particularly when a proper case presents itself for the operation. In the present case we may expect early improvement, but a cure is in most instances a matter of some time.

#### RANULA OR FROG-TONGUE.

This patient says she has something growing under her tongue which commenced about a month ago. It is quite apparent on



examination that it is what is known as ranula, so called from causing the mouth to resemble that of a frog, or the person possessing it is apt, when talking, to croak like the frog. It arises from an accumulation of fluid due to obstruction of one of the mucous glands that are situated beneath the tongue, and is analogous in its growth to sebaceous tumors of the skin. Ranulae are of various sizes: sometimes so large as almost to fill up the cavity of the mouth; the coverings of the sac are sometimes very thin, apparently little more than the mucous membrane; at other times they are quite thick, containing a considerable quantity of cellular tissue. Once having seen a ranula you will not be likely to mistake it. Examine this one, and fix its appearance in your mind. And be sure you get in your own light while doing so, otherwise you would not be medical students.

The treatment of ranula is either by puncture, seton, injection of iodine, caustics, or by clipping off a portion of the sac. The object is to let out the fluid, and prevent its accumulation by causing the walls to collapse. I prefer clipping out a portion of the sac. It is a simple operation, not attended with much pain, and generally free from danger, though instances are on record where serious hemorrhage has ensued from the cut. Seizing it with the forceps, and cutting out a piece with the scissors, you see a half ounce or more of mucoïd fluid, resembling the white of an egg, escape.

#### EPIDIDYMITIS.

This mulatto consults us for a painful swelling (which came on rather suddenly yesterday) in one of his testicles. The increased size of the organ is apparent to the eye, and especially so to my hand. It is tender to the touch. The chief swelling is in the upper portion of the testicle—in the epididymis, in fact.

The man denies having had the clap, but acknowledges to a "running range," which is the name given by his race to gonorrhea. Evidences of the gonorrhea are quite plain.

The affection is known by the term orchitis, swollen testicle, or more exactly by epidid-

ymitis, as the epididymis is chiefly involved. It may arise from any irritation in the urethral canal—the passage of a sound or a fragment of calculus may produce it—but in the vast majority of instances it springs from a gonorrhea. The injections used for the relief of clap are often charged with having kindled an epididymitis. Sometimes, no doubt, the testicle is swollen in this way, but it is far more often produced by the disease extending from the urethra through the ejaculatory ducts to the epididymis, by what is called "continuity of surface"—one of the most common ways by which inflammation extends itself.

There is a curious relation existing between the swollen testicle and the urethral discharge. The latter usually ceases just before the testicle becomes involved, and frequently remains away during the progress of that complication, to return in many cases after the swelling has subsided. A patient will sometimes say to you, "Doctor, that last medicine was splendid; it stopped the running completely." And that very night he may have a chill followed by fever, the testicle swells, and becomes the seat of the most exquisite pain.

Epididymitis and the various other troubles to which the testes are subject form a most important and interesting chapter in surgery, and I shall have occasion to refer to them often, for many patients so affected present themselves at this clinic. But I must content myself this morning with giving a very brief summary of the treatment used in the disease, and then endeavor to select the best for the patient before us.

In the first place, rest in the recumbent posture is all-important. The pain which accompanies the disease indicates this. It was, no doubt, a very uncomfortable walk that the man took to our clinic this morning. The patient should be as much on his back as possible while the acute stage lasts; and not only this, but all dragging on the inflamed organ should be avoided. Cushions, pillows or towels or wadding, or any thing soft and sufficiently large to support the



organ, and placed beneath it, will answer. Do not allow the patient to stand erect without a proper suspensory bandage for the support of the testes. Suspensories may be had of various patterns, but none answers the purpose better than that which you can extemporize by means of a couple of handkerchiefs—one tied around the waist, and the other looped up in front.

Local abstraction of blood is of marked service at times, especially in cases where there is great tension and pain. It may be done by either punctures or leeches. You may open some of the veins of the scrotum, and encourage bleeding by fomentations; or, what is a better plan, take the testis in your hand, and send a lancet into it to the depth of a third of an inch. This seemingly severe measure often gives almost immediate relief. It not only unloads the engorged vessels and relieves pressure, but it does so, it is believed, by giving the unyielding tunic of the testis a chance to expand.

If you are going to apply leeches, put a dozen strong ones along the course of the spermatic cord on the inflamed side. They do double work in this situation, and if the hemorrhage become excessive it is easily controlled. Do not put leeches on the perinæum, as is sometimes done. It is a bad place for many reasons. Erysipelas is more prone to follow from bites so situated, and the blood drawn from here is less apt to give relief than when taken from over the spermatic cord. Recollect that leeches can take a good deal of blood from either of these localities. In the city we rely upon professional blood-letters, the barbers, for the application of leeches; and I have on more than one occasion been called to check severe hemorrhage following their bites in the perinæum. In one case the man was completely blanched, and the blood he had lost had soaked through the mattress on which he lay.

Heat applied by fomentations or poultices often gives comfort to the swollen testicle; and the very opposite measure, cold almost to freezing, especially if applied early in the

attack, will sometimes do the same thing. I remember a number of years ago a ballet-dancer, who having an orchitis, begged me to do my best to get him in condition for a ballet which was to come off four days later. You can very well imagine that an inflamed testicle is not conducive to cutting "the pigeon-wing." I immediately put the inflamed organ between two bags of pounded ice, and kept it there for two days, removing them only for short intervals during that time; and I had the professional pleasure of seeing him execute a *pas seul* when the night of the performance arrived. A less degree of cold than I have described is often applied by means of a lotion of muriate of ammonium, a dram of the salt to a pint of water.

Purgatives are valuable remedies in epididymitis. The salines, perhaps, rank at the head. This is a favorite field, too, for the nauseants and arterial sedatives. If the pulse is hard and the fever high, with hot, dry skin, fetid breath, and constipated bowels, they sometimes act like magic. Tartarized antimony or veratrum viride are the sedatives generally used.

Ointments containing belladonna alone or in various combination with different preparations of mercury applied to the parts, blisters on the inside of the thighs, and in chronic cases compressing the indurated organ by adhesive strips or by a gum-elastic bag, are reckoned of much value by some surgeons.

We will give this man the following prescription:

R Magnesie sulph..... ʒ ij;  
Potas. et antimon. tart..... gr. i;  
Aque..... ʒ viij. M.

And direct a tablespoonful to be taken every two hours until he is freely purged and somewhat nauseated. He will have the testes covered by a tobacco poultice, wear the suspensory bandage we have described, and have a full dose of opium at bedtime.

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NOTIFICATIONS as to change of address, etc., should be addressed to the publishers.



## A CASE OF PUERPERAL PYÆMIA.

BY P. E. SANDIDGE, M. D.

Mrs. S., healthy, primipara, aged twenty years, on the 28th day of March last, after severe and hard labor of fifty hours' duration, gave birth to a male child weighing eight pounds, and three hours later gave birth to a second boy child weighing seven and a half pounds. The presentations were vertex in both births, as I learned from Dr. B., the attending physician, a gentleman of great skill and experience, from whom also I got the history of the case from the birth of the children to my visit on the 24th day of April following. The mother was given restoratives and allowed to rest some time, she being in a state of extreme exhaustion. She rallied at length, and upon examination the placenta was found detached, and was removed without difficulty and entire. After this she was properly put to bed in apparently good condition, and nothing unusual was observed by nurse or attending physician until the twenty-third day after delivery. At 10 o'clock A. M. on that day she was suddenly attacked with severe rigors. The doctor was sent for, and on his arrival found the patient's pulse 160; hot, dry skin; persistent vomiting; great thirst; constant, severe pain in uterus; bowels undisturbed; the urine scant and high-colored; breathing very rapid; lochial discharge still present. Her mind was perfectly clear, and she insisted that she would surely die speedily. Morphia, calomel, bismuth, niter, ether, camomom, lavender, etc., were given as anti-emetics, while tincture of iodine, sinapisms, stupes, cold effusions, fomentations, etc., were applied over the abdomen, with no effect, however, upon the vomiting.

I was sent for early in the morning of the 24th, but owing to distance and previous engagements could not reach the patient until 4 o'clock P. M. Having received the above history of the case previous to my arrival, I expected to meet a severe case of gastritis; but on entering the sick-room observed the patient lying on her back, knees

drawn up, the countenance expressing more anguish than anxiety, respirations short and rapid, sunken features, livid hue around the mouth and eyes, distressing thirst, and almost constant retching or vomiting.

On physical examination could find nothing to warrant even suspicion of idiopathic trouble in the stomach; but found the lower half of abdomen tender and slightly distended, tongue dry and brown, face alternately flushed and pale; her eyes seemed to have lost their luster; her skin and conjunctivæ had a dusky, icteric tinge.

Believing this to be a true case of puerperal fever, with pyæmia, I asked her mother, who had nursed her from the birth of her children, what position she had preferred to occupy during her confinement all the time. After some reflection she answered that she had laid on her back, with her knees drawn up, nearly the whole time since the birth of the children, but made no complaint when lying in other positions. I made strict inquiry in regard to her lochia, and not being satisfied asked the removal of her napkin; accordingly it was done, and I found the discharge to be serous in appearance, with purulent smell. I asked the mother how that napkin compared with the others removed for the last ten days. She said it was the same, as far as she could judge, as had been from the third day after delivery, save that it had been very scant for forty-eight hours. Lactation had continued good from the birth of her children until the attack of the day before.

We were now fully satisfied and agreed as to the character of the case and as to the final result; however, we administered ice, morphia, nit. cerium, brandy, whisky, wine internally, and morphia hypodermically, etc., without effect; finally calomel, bismuth, and opium were given in large doses, but without avail. Her clothing and bed were changed, room well aired, disinfectants freely used; in short, all means in our reach were freely used that promised to sustain our patient or alleviate her suffering, but to no good. In the morning I found the entire abdomen



intensely sore and greatly distended, with an aggravation of all her symptoms, yet her mind remained clear up to this time, insisting all the while that she would die. While I was examining her she burst into a hysterical cry, and pulled a large ring off her finger that she had worn from her marriage, and gave it to her husband, telling him to keep it. I told them to show her the children, but she refused to recognize them, with other indications of mental aberration. This state of affairs continued rapidly to grow worse until 5 o'clock P.M. on the 25th, at which time she died.

It appears to me that this case, though anomalous, is one of exceeding interest. In fifty-three hours of violent labor the uterus was exposed to all the needed causes of inflammation. This manifested itself in such a mild way as to attract no serious attention until, on the twenty-third day after delivery, the flame is lighted up suddenly and so violently as to destroy the life of the patient. It shows that we should never be lulled into false security by the apparent good condition of our patients after such cases of parturition; but the patient should be occasionally seen for a fortnight or more, and as often carefully examined, to satisfy ourselves to the exclusion of a doubt of the existence or non-existence of such inflammatory action. It has been my habit for fifteen years to use in such cases, within twenty-four hours after delivery, one or more large doses of mild chloride of mercury and opium, if not convenient to see the patient within thirty-six hours after delivery, and have never had occasion to regret having done so.

BURKSVILLE, KY., July 16, 1876.

AMONG the late promotions in the surgical staff of the army are those of Ely McClellan and C. R. Greenleaf to be surgeons with the rank of major, W. J. Sloan and J. F. Head to be surgeons with the rank of lieutenant-colonel. All of these gentlemen have been on duty in this department.

## Correspondence.

### ERGOT AND BROMIDE AMMONIA IN CONVULSIONS FOLLOWING CHOLERA INFANTUM.

*To the Editors of the Medical News:*

On the 13th of July I was called in consultation with my friend Dr. Mayfield to see a child three months old in tetanic convulsions. The child had been suffering with cholera infantum for about twelve hours previous, for which a mixture of laudanum and mint-water had been given. Although the opiate had arrested the vomiting and purging, it had not produced sleep, but, on the contrary, the convulsions were increasing in violence. We immediately ordered a hot bath, which was continued fifteen minutes, the water being raised to a temperature of 108°. This produced no relaxation; indeed the symptoms grew worse. We gave up the bathing, and ordered two-drop doses of the fluid ext. ergot, repeated every hour. Three or four doses had been given, and as many hours elapsed, and still no improvement; there was one continued convulsion, except during a little temporary relief afforded by inhalation of chloroform.

At this time, now six hours since the convulsions began, we ordered the following prescription:

R Ammoniae bromid..... gr. xxiv;  
Syrup tolu.....  
Aquae pure..... } aa ʒ ss.

M. S. A teaspoonful every hour, with two drops of ext. ergot added to each dose. In twenty minutes after the first dose of the bromide of ammonia the convulsions began to abate, and at the end of three hours the child slept quietly, after which it recovered rapidly.

R. B. GILBERT, M. D.

LOUISVILLE.

### MUTUAL BENEFIT ASSOCIATION OF PHYSICIANS.

*To the Editors of the Medical News:*

I have noticed the advertisement of a "Physicians' Mutual Benefit Association," located in your city. As the public has so



often been duped by mutual benefit associations, I would ask to see some official statement of this one, and learn in what esteem it is held at headquarters before I venture to join it. As it is a matter of the greatest interest to the medical profession, I take the liberty of wishing to trespass on your valuable space to ask the following questions:

1. How long has the "Physicians' Mutual Benefit Association" of Louisville, Ky., been organized?

2. What is the amount of capital stock, and how are assessments made?

3. What salaries are paid the president, secretary, and treasurer, and how paid?

4. What has become of the funds the company has received since its organization—*i. e.*, how are they invested?

5. Has the association published an *annual* report of its receipts and expenditures?

HENRY P. WENZEL, M. D.

THERESA, Wis., August 28, 1876.

## Selections.

OPHTHALMIA OF INFANTS.—R. Brudenell Carter, in his late "Treatise on Diseases of the Eye," makes the following remarks: "Ophthalmia neonatorum, or purulent conjunctivitis of infants, usually commences within the first few days of life. It is probably often a consequence of direct inoculation with the maternal secretions; although the late Dr. Ballard was accustomed to maintain that it was due to no other cause than the improper exposure of the new-born eyes to light, and to assert that he had banished it from his practice by acting upon this opinion. His views have not, as far as I know, been confirmed by any other observer; but there can be no doubt of the propriety of shielding the eyes of an infant from excessive glare. In a large proportion of the worst cases the patients are the subjects of inherited syphilis. When brought to the surgeon the lids are usually somewhat reddened, puffy, and swollen, and are often adherent by dried secretion at their margins. When these are separated the palpebral conjunctiva is seen to be bright-red, villous, and tumid, the ocular conjunctiva covered by a close network of vessels, and the whole surface discharging a tenacious pus. If neglected, the inflammation may soon produce necrosis of the cornea; but as long as this membrane is unaffected the disease is very amenable to remedies. With re-

gard both to prognosis and to treatment, it is desirable that a good view of the cornea should be obtained. By patience and gentleness, and by carefully cleansing away the discharge by a stream of warm water suffered to trickle from a sponge, this may generally be accomplished; but it is better to go without the information than to obtain it by rough handling. I have known an ulcerated cornea ruptured and the crystalline lens squeezed out by the unskillful efforts of a surgeon to ascertain the exact state of the case. When the lids are very tumid and readily everted, it is usually best to lift the upper lid with a small retractor, the use of which obviates all risk. If the cornea is bright and clear, the only treatment required will be cleanliness and the careful application of an astringent. Some surgeons use an alum lotion, but I have no confidence in it, and prefer a solution of the nitrate of silver of the strength of two grains to the ounce. The infant's head being placed in the same way as for examination, the pus should be gently and thoroughly washed away with a small fine sponge and clean, warm, soft water; a stream being allowed to trickle from the sponge upon the lids while these are gently separated by the fingers. Another sponge may be so disposed as to receive the overflow of water, and time must be taken to render the cleansing complete. Some recommend a syringe; but the stream afforded by it is apt to be jerky and unduly forcible, and the small sponge is in every respect better. When the washing is finished the eyes must be very gently dried by the application of bits of soft absorbent rag, and then a drop or two of the nitrate-of-silver lotion should be suffered to fall fairly between the parted lids. Finally, the margins should be anointed with cold cream or spermaceti ointment to prevent adhesion from the drying of the discharge. The whole process thus described should be repeated every four hours, and there will soon be sufficient evidence of improvement to allow of this interval being extended to six, eight, or even twelve hours. Within a week the cure is usually complete. The surgeon should, as a rule, show the mother or nurse how the application is to be made. If he is content with mere description, the chances are that his directions will be imperfectly followed. He should make it clearly understood that the discharge is highly contagious, and that it would produce the same disease in a most dangerous form in any other eyes to which it might be accidentally conveyed. The sponges and towels used for the infant should be carefully set aside, and the water used for the eyes or for the hands of the attendants should be immediately thrown away."

NEGLECT OF OPHTHALMIA NEONATORUM.—*Ibid.*  
"If the purulent ophthalmia of infants is neglected or imperfectly treated, it may soon implicate the cornea, and then becomes a source of exceeding peril to



the sight. Under this phase I shall have to speak of it again in a subsequent chapter; but I may say here that it is supposed to be the cause of nearly half the existing blindness of this country, although with only the most ordinary care the disease ought to terminate in complete recovery in every instance. Very often, of course, medical advice is not sought until the time for treatment has gone by. Poor women are attended in labor by ignorant midwives; and if the infant has ophthalmia, no one takes much heed of the occurrence. I fear, however, that in many of the cases medical men are greatly to blame. Every accoucheur ought to be on the alert with regard to a malady so easily cured at its commencement, so dangerous if permitted to make progress. He should warn mother and nurse to send for him without delay, on the first appearance of swelling or discharge, and he should spare no pains in making sure that the necessary local remedies are used in the right way. I have repeatedly been called to infants for whom the accoucheur had indeed prescribed a lotion, but without proper directions for its employment; so that it had been poured over the face or upon the clothes or down the back, or any where but into the eyes, by a nurse who was wholly unaware of the importance of the application. I have even seen trust placed in the employment of a wet-nurse, to the absolute exclusion of local treatment; and I have seen eyes lost by both these errors. I can not too strongly express my conviction that no infant should ever lose its sight from this affection; and that sight can not be so lost under the observation of a medical man, except as a consequence of neglect or want of knowledge of a very flagrant character."

**FLUID EXTRACT OF ERGOT IN DIARRHEA.**—Dr. E. T. Comegys reports (New York Medical Record) that he has had marked success with fluid extract ergot in diarrhea. He says: "I have based my use of this drug on the theory that it causes a contraction of the involuntary muscular fibers, and in so doing relieves the atony of the vessels of the intestinal mucous membrane and the consequent hyperæmia of the capillaries (which is always associated with diarrheas), and thus prevents the transudation of the watery portions of the blood; in other words, it gives tone to the vascular walls. Be the theory worth what it may, the success attending its use has been marked. I first tried it, at my clinic at the Dispensary of the Cincinnati Hospital, in the case of a patient with chronic diarrhea of two years' standing. No line of treatment had been able to reduce the number of his stools to less than eight per day. All other treatment was stopped, and he was given forty drops of the ergot four times a day. He came back four days afterward saying that he was only having two stools per day; and when he next reported, ten days

afterward, he said that he had been entirely well for the past eight days. I heard from him three months afterward, and he had had no return of his diarrhea. He used the ergot six days. I used it frequently after that in ordinary simple diarrheas, giving no other medicine, and found that the patients seldom required beyond three doses (twenty drops each), and never more than six. While stationed at Fort Wadsworth, New York Harbor, last summer, I used it in twelve cases—the number of stools varying from eight to twenty in the twenty-four hours—and in but one case was I obliged to give more than three doses to each case. In that one case it failed to modify the diarrhea; but that may be accounted for by the fact that the ergot had been kept on hand for a long time. Since I have been stationed at this post I have had but three chances to try it. In one case it failed (a case of chronic diarrhea of four years' standing); in the second one my patient refused to take more than one dose on account of its unpleasant taste; in the third case it succeeded."

**THE TREATMENT OF SANTONIN-POISONING.**—At the session of the *Niederrheinische Gesellschaft* in Bonn, July 5, 1875, Professor Binz mentions a case of poisoning by santonin, in which a child of two years had taken one grain and a half of the drug. There were violent convulsions, beginning in the face and extending to the extremities, and great interference with the breathing. She recovered under the use of warm baths, vinegar enemata, plenty of fluids to drink, and artificial respiration. Prof. B. then instituted some experiments on animals to elucidate the treatment, and found that chloral in doses sufficient to produce deep sleep prevented the convulsions, and that ether-inhalations exercised a controlling influence over them. He thinks the same treatment may be employed in the human subject, coupled with artificial respiration, and, for purposes of elimination, laxatives and diluents in abundance. *Rundschau.*

**TELEGRAPH-WIRE FOR SPLINTS.**—Surgeon-major Porter, Assistant Professor of Military Surgery, Netley, has forwarded us one of his splints extemporized from telegraph-wire. That this material may be usefully adapted to such a purpose, and that it would serve very well as a temporary measure, we have no doubt. The specimen forwarded us is for the upper arm, and it is accompanied by a pad from a piece of soldier's serge tunic. It is not difficult to divide telegraph-wire of galvanized iron; and, on the suggestion of Dr. Porter, Messrs. Weiss & Son have turned the outer edge of a pair of ordinary straight scissors into a file for the purpose of notching the wire, so that it may be broken at the required point. Altogether, Dr. Porter's invention appears to be an ingenious and



useful one; and it occurs to us that it would not be impossible to devise some method or other by which one could make almost any form and size of splint for field-surgery purposes out of tubular galvanized iron of sufficient thickness and strength to answer all practical purposes. The plan would be to devise patterns for the upper and lower extremities, accompanied by such directions that a surgeon could either make splints himself, or instruct any armorer-sergeant or farrier-sergeant in doing so, out of tubular galvanized iron supplied for the purpose.—*Lancet*.

CAUSE AND PREVENTION OF THE BLOOD-POISONS. S. M. Bradley, in *Lancet*, says pyæmia, septicæmia, and puerperal peritonitis (all varieties of one disease, which may be generically termed septicæmia) are associated with the development of organic germs, "bacteria," which act either as the carriers of the poison or as the poison itself; that septicæmia may be and is carried in a hospital from one patient to another by surgeon or nurse; that all cases of septicæmia occurring in a hospital should be at once removed and effectually isolated from contact with the other cases; that as ozone destroys the vitality of bacteria, ozone should be employed to purify our wards when septicæmia has appeared in them; that this may be readily effected in a few hours by means of a small battery and Tisley's ozone generator.

### Miscellany.

THE MAD-STONE.—The following letter from M. P. Sigworth, M. D., of Paris, Iowa, is published in the *Philadelphia Reporter*. The editor vouches for the respectability of the writer—though inserts "under all reserves:" "The inquiry in your columns in reference to the 'mad-stone,' induces me to describe to you one now in this town. It is owned by a Mr. T. Evans, who received it as an heirloom from his ancestors. Having practiced medicine in this place for eleven years, I have had abundant opportunities of seeing many cases cured by it, and of witnessing its beneficial effects on hydrophobia and snake-bites. The mode of application is to scarify the skin and apply the stone; if there is any poison it will immediately adhere, so that it can not be detached without great pain until it is full, and then it drops off. It will adhere from twenty minutes to one hour, when it will change to a green

color. It is then put in warm milk and water, which it also changes to a green color. The first applications seem to cause a great deal of pain. Two weeks ago it adhered seventy-eight times in a case of hydrophobia. The case was of a man who had been bitten on the arm by a dog, not supposed to be mad, some six months ago. When he arrived here he had spasms about every fifteen minutes, very violent in nature. The first application seemed to quiet him, and in twelve hours the spasms ceased, the man became rational and slept for the first time in four days; in forty-two hours he was entirely relieved, the stone not adhering. The stone is of a slate or light color, porous, and will weigh from one half to one ounce.

DOG'S MILK IN RICKETS.—The *Gazette Hebdomadaire* states that it is the custom among the women of Monttrun, in Dauphiné, to continue suckling for two years and a half to three years, with the idea of preventing another pregnancy; and if the infant dies the mother either adopts another or takes a puppy into her family to carry on the process. All these puppies suffer from rickets, which resembles exactly the rickets of children, except that the deformity is never afterward remedied. These observations, and the fact that the dogs always recovered under the influence of their own mothers' milk, induced M. Bernard to submit a rickety female child of twenty-six months to the dog's-milk cure. A powerful bitch was provided to act as wet-nurse for the child, and after from two to three months of this method of imbibing nourishment, the swelling of the epiphyses and the bending of the bones had notably diminished, the muscles were stronger, and at the end of the time the child could stand and take a few steps. The health of the patient was, at the end of one hundred days, extremely good; a slight curve of the femur and sternum being the only remains of the deformity, and the cure was permanent. He has adopted the treatment successfully in six other cases, and he expresses the belief that it will give encouraging results.